

FILED SEP 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

34001

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8694

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.		Length of stay in lb #1.	
e. STREET ADDRESS 2637 Scott Ave.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) JAMES PRICE			4. DATE OF DEATH SEPT. 23, 1957		
5. SEX Male			6. COLOR OR RACE Negro		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH Nov. 20, 1892		
9. AGE (In years last birthday) 64			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		
11. BIRTHPLACE (City and state or country) Hermansville Miss.			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME David Price			13b. MOTHER'S MAIDEN NAME Unknown		
14. NAME OF HUSBAND OR WIFE Georgia			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W.W.I.		
16. SOCIAL SECURITY NO. 499-01-1229			17. INFORMANT Address Georgia Price 2637 Scott Ave.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Primary carcinoma of liver LAENNEC'S CIRRHOSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 1551. DUE TO (c) 1551. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
INTERVAL BETWEEN ONSET AND DEATH 6 + Mon. 5 + Yrs					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION 15		
20g. COUNTY			20h. STATE		
21. I attended the deceased from 8/27/57 to 9/15/57 and last saw her alive on 9/13/57 9/15/57 Death occurred at 5:16 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. J. Swemmer (Degree or title)			22b. ADDRESS 1515 LAFAYETTE AVE.		
22c. DATE SIGNED 9/16/57			23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		
23b. DATE 11-20-57			23c. NAME OF CEMETERY OR CREMATORY. National Cemetery		
23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.			23e. STATE		
24. FUNERAL DIRECTOR Dunn Funeral Home			25. DATE RECD. BY LOCAL REG. SEP 17 57		
26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.			26. REGISTRAR'S SIGNATURE h. p. B.		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed Arthur L. Heilbard

Licensed Embalmer No. 4221

P. O. Address 3100 Boston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.